Subject: Studies in the News: (February 13, 2009)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

Studies in the News (SITN): California Department of Mental is a service provided to the Department of Mental Health by the California State Library. This service features articles focusing on mental health issues. Prior lists can be viewed from the California State Library's Web site at **California State Library - Studies in the News**

How to Obtain Materials Listed in SITN:

- When available on the Internet, the URL for the full-text of each item is provided.
- **California State Employees** may contact the Information Resources and Government Publications (916-654-0206; cslinfo@library.ca.gov) with the SITN issue date and title of article.
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

The following are the Subject Headings included in this issue:

CHILDREN AND ADOLESCENT MENTAL HEALTH

NEWCONVENTIONS

CHILDREN AND ADOLESCENT MENTAL HEALTH

"Facts, Values, and Attention-Deficit Hyperactivity Disorder (ADHD): An Update on the Controversies." By Erik Parens and Josephine Johnston, The Hastings Center. IN: Child and Adolescent Psychiatry and Mental Health, vol. 3, no.1 (January 19, 2009) pp. 1-52.

["The Hastings Center, a bioethics research institute, is holding a series of 5 workshops to examine the controversies surrounding the use of medication to treat emotional and behavioral disturbances in children. These workshops bring together clinicians, researchers, scholars, and advocates with diverse perspectives and from diverse fields. Our first commentary in CAPMH, which grew out of our first workshop, explained our method and explored the controversies in general. This commentary, which grows out of our second workshop, explains why informed people can disagree about ADHD diagnosis and treatment."]

Full text at: http://www.capmh.com/content/pdf/1753-2000-3-1.pdf

CO-OCCURING DISORDERS

"Disparities in Use of Mental Health and Substance Abuse Services by Persons With Co-occurring Disorders." By Barbara E. Havassy, University of California, San Francisco, and others. IN: Psychiatric Services, vol. 60, no. 2 (February 2009) pp. 217-223.

["Individuals with co-occurring mental and substance use disorders require psychiatric and substance abuse treatments. A critical question is whether these individuals are treated for both disorders. This study prospectively examined 24-month service utilization patterns of 224 persons with co-occurring disorders who were recruited from crisis residential programs in the mental health treatment system (N=106) and from crisis residential detoxification programs in the substance abuse treatment system (N=118) in San Francisco. Utilization data were collected from the billing-information systems of both treatment systems. Demographic and clinical data were obtained in interviews with participants. Data were analyzed for group differences with chi square tests and logistic, linear, and zero-truncated negative binomial regression….

There were disparities in patterns of service utilization, although there were no significant diagnostic differences between the two groups. These findings should be valuable in considering systems development and modification. Furthermore, they can contribute to research about factors that underlie results. Study replications should be conducted to assess the robustness of these findings in other locales."]

Full text at: http://ps.psychiatryonline.org/cgi/reprint/60/2/217

Substance Abuse and Mental Health Issues at a Glance: A Short Report from the Office of Applied Studies. By the Office of Applied Studies. States in Brief: California (Substance Abuse and Mental Health Services Administration, Rockville, Maryland) 2009. 8 p.

["The National Survey on Drug Use and Health (NSDUH) generates state-level estimates for 23 measures of substance use and mental health problems for four age groups: the

entire state population over age 12 (12+); individuals age 12 to 17; individuals age 18 to 25; and individuals age 26 and older (26+). Since State estimates of substance use and abuse were first generated using the combined 2002-2003 NSDUHs, and continuing until the most recent state estimates based on the combined 2005-2006 surveys, rates of several measures of illicit drug use have remained at or above the national average for most age groups. This includes past month illicit drug use for the population age 12 and older; past month and past year marijuana use; and past month use of an illicit drug other than marijuana."]

Full text at: http://www.samhsa.gov/StatesInBrief/2009/CALIFORNIA_508.pdf

CULTURAL COMPETENCE

Patient Centeredness, Cultural Competence and Health Care Quality. By Somnath Saha, Portland VA Medical Center, and others. IN: Journal of National Medical Association, vol. 110, no. 11 (November 2008) pp. 1275-1285.

["Cultural competence and patient centeredness are approaches to enhancing healthcare delivery that have been promoted extensively in recent years. As they have gained recognition and popularity, however, considerable ambiguity has evolved in their definition and use across settings. Proponents of patient centeredness speak of cultural competence as merely one aspect of patient-centered care, while proponents of cultural competence often assert the converse. The purpose of this paper is to present and compare the ideals of patient centeredness and cultural competence, to define their similarities and differences, and to discuss their implications for improving healthcare quality at the interpersonal and health system levels."]

Full text at: http://www.nmanet.org/images/uploads/Publications/OC1275.pdf

DISPARITIES

Disparities in Health. By the National Conference of State Legislatures (NCSL). (NCSL, Washington, D.C.) January 9, 2009. 4 p.

["Life expectancy and overall health have improved in recent years for most Americans, thanks in part to an increased focus on preventive medicine and advances in medical technology. While Americans as a group are healthier and living longer, disparities in health persist. For a number of racial and ethnic minorities in the United States, good health is more difficult to attain, because appropriate care is often associated with an individual's economic status, race, and gender."]

Full text at: http://www.ncsl.org/programs/health/disparity.htm

ELDERLY AND MENTAL ILLNESS

Trends in Health of Older Californians: Data from the 2001, 2003 and 2005 California Health Interview Surveys. By Steven P. Wallace and others, UCLA Center for Health Policy Research. (The Center, Los Angeles, California) November 2008. 42 p.

["California's population is growing older. This year over 250,000 Californians will celebrate their 65th birthday. When the Baby Boom generation starts to enter old age in 2011 the pace will quicken. As a result, the current population of 3.9 million older adults is projected to double over the next 18 years.

Understanding the current health status and trends in the health status of the older population is crucial in planning for the future. We can reduce the impact of our aging population on the state's health care infrastructure if we work to keep the older population healthy. Keeping older Californians healthy is also an investment in the state since healthy older adults are better able to help out their families, contribute to civic life and play a vital role in the wellbeing of our state."]

Full text at:
http://www.healthpolicy.ucla.edu/pubs/files/Trends_Older_CAs_RT_111708.pdf

EVIDENCE-BASED PRACTICES

Getting Started with Evidence-Based Practices: Assertive Community Treatment. By the Substance Abuse and Mental Health Services Administration. Evidence-Based Practices Kit. (U. S .Department of Health and Human Services, Rockville, Maryland) 2008. 34 p.

["Within a system, change affects stakeholders differently. Consequently, when making changes in the mental health system, mental health agencies should expect varied reactions from staff, community members, consumers, and families. Since misunderstandings can stymie your efforts to implement Evidence-Based Practices (EBPs), it is important to build consensus to implement EBPs in the community.

Practitioner training alone is not effective. The experience of mental health authorities and agencies that have successfully implemented evidence-based practices (EBPs) reinforces that fact. Instead, practitioner training must be complemented by a broad range of implementation activities, including the following:
Building support for the EBP;
Integrating the EBP into agency policies and procedures;
Training staff agency-wide on basic EBP principles; and
Allowing for ongoing monitoring and evaluation of the program.

This overview introduces the *general range* of activities involved in successfully implementing EBPs. For guidelines and suggestions for EBP-specific activities, see the remaining sections of each KIT."]

Full text at: http://download.ncadi.samhsa.gov/ken/pdf/SMA08-4345/ACT_Kit_GtngStrtd.pdf

FOSTER CARE

Continuing in Foster Care Beyond Age 18: How Courts can Help. By Clark Peters and others, University of Chicago. (The University, Chicago, Illinois) 2008. 5 p.

["Research has found that foster youth who remain in care beyond age 18 are more likely to participate in services and tend to have better outcomes than those who do not. However, not all youth eligible to remain in care beyond age 18 do so. This study examines Illinois, one of the few states that extend care up to age 21, to identify the major factors that influence whether young people remain in care beyond 18. The study involved analysis of administrative data, a statewide survey of caseworkers, focus groups with substitute caregivers and with youth, and site visits to interview court personnel across the state.

Findings indicate that strong advocacy within the juvenile court on behalf of foster youth plays a primary role in keeping youth in care. In Illinois, courts supervise all cases of youth in foster care, so once court jurisdiction ends, state care and services irrevocably end as well. By keeping cases open, court advocacy enables youth to continue to remain in care and receive other child welfare services. Court advocacy can also affect retention rates indirectly by exerting an influence on other factors that play a role in foster care decisions regarding keeping foster youth in care. A higher degree of court advocacy is associated with a greater availability of placements and services for older foster youth, more involvement by caseworkers and other adults, more positive attitudes about remaining in care beyond 18, and a greater awareness that, by law, youth may remain in care beyond 18."]

Full text at: http://www.chapinhall.org/article_abstract.aspx?ar=1472&L2=61&L3=130

Foster Care: State Practices for Assessing Health Needs, Facilitating Service Delivery, and Monitoring Children's Care. By the United States Government Accountability Office (GAO). (GAO, Washington, D.C.) February 2009. 58 p.

[To identify the health needs of children entering foster care, all 10 states we studied have adopted policies that specify the timing and scope of children's health assessments, and some states use designated providers to conduct the assessments. All of the states we selected for study required physical examinations, most states we studied required mental health and developmental screens, and several of them required or recommended substance abuse screens for youth shortly after entry into foster care. Preventive health examinations for foster children were required at regular intervals thereafter, in line with states' Medicaid standards.

Limited research has suggested that having assessment policies and using designated providers who have greater experience in the health needs of foster children may permit fuller identification and follow-up of children's health care needs. others issued temporary Medicaid cards to prevent delays in obtaining treatment. In addition, certain states had increased payments to physicians serving children in foster care to encourage more physicians to provide needed care. Nurses or other health care
To help ensure the delivery of appropriate health care services, states have adopted practices to facilitate access, coordinate care, and review medications for children in foster care. Some states used specialized staff to quickly determine Medicaid eligibility; managers were given roles in coordinating care to help ensure that children received necessary health care services. Six states we studied also reported monitoring the use of various medications, including psychotropic medications intended for the treatment of mental health disorders."]

Full text at: http://www.gao.gov/new.items/d0926.pdf

HOMELESSNESS

"Assessing Criminal History as a Predictor of Future Housing Success for Homeless Adults with Behavioral Health Disorders." By Daniel K. Malone, Downtown Emergency Service Center, Seattle. IN: Psychiatric Services, vol. 60, no. 2 (February 2009) pp. 224-230.

["Homeless adults with serious mental illnesses and chronic substance abuse problems have few housing options, a problem compounded when a criminal background is present. This study compared the criminal backgrounds and other characteristics of homeless individuals who succeeded in housing (retained housing continuously for two years) and those who failed in housing.

The study population consisted of homeless adults with behavioral health disorders who moved into supportive housing between January 1, 2000, and June 30, 2004, regardless of criminal background. Data about criminal history and other characteristics were extracted from existing records and analyzed for associations with housing success. Chi square tests and logistic regression analysis were used to find characteristics predictive of subsequent housing success or failure.Data was available for 347 participants. Most (51%) had a criminal record, and 72% achieved housing success. The presence of a criminal background did not predict housing failure. Younger age at move-in, the presence of a substance abuse problem, and higher numbers of drug crimes and property crimes were separately associated with more housing failure; however, when they were adjusted for each of the other variables, only move-in age remained associated with the outcome.

The finding that criminal history does not provide good predictive information about the potential for housing success is important because it contradicts the expectations of housing operators and policy makers. The findings suggest that policies and practices that

keep homeless people with criminal records out of housing may be unnecessarily restrictive."]

Full text at: http://ps.psychiatryonline.org/cgi/reprint/60/2/224

JUVENILE JUSTICE

A Sensible Model for Juvenile Justice. By Jeffrey A. Butts, University of Chicago. (Youth Transitions Funders Group, Chicago, Illinois) Summer 2008. pp. 13.

["This paper provides an overview of the current juvenile justice system and offers suggestions for a new model using a positive youth development approach. To be effective, juvenile justice must be theoretically oriented. The juvenile justice system should focus on reducing the causes of juvenile crime to reduce the effects of juvenile crime, and this requires program models that go beyond mental health services and substance abuse treatment. The majority of youth referred to the juvenile justice system do not have mental health disorders or substance abuse problems. Practitioners need a sensible model of intervention, one that can address the full range of delinquent offenders coming to the attention of law enforcement and the courts. A growing evidence base suggests that one way to build a new model for juvenile justice for all youth would be to draw upon the principles of positive youth development."]

Full text at: http://www.chapinhall.org/article_abstract.aspx?ar=1473&L2=61&L3=132

LGBT AND SUICIDE PREVENTION/STIGMA

Supporting LGBT Lives: A Study of the Mental Health and Well-Being of Lesbian, Gay, Bisexual and Transgender People. By Paula Mayock, Trinity College Dublin, and others. (National Office of Suicide Prevention, Dublin, Ireland) 2009. 188 p.

["This research report fulfils an important recommendation of Reach Out-The National Strategy for Action on Suicide Prevention. It is the most significant study carried out to date in Ireland on the lives of lesbian, gay, bisexual and transgender (LGBT) people. The concept of minority stress developed in the report adds to our understanding of the negative impact that our environment and society can have on individuals by stigmatizing, excluding or discriminating against them.

The findings of the report clearly demonstrate the link between society's negative treatment of LGBT people and the increased risk of poor mental health, self harm and suicidal thoughts. Significant levels of self harm and attempted suicide reported by the LGBT community highlight the need to develop specific actions and approaches for LGBT people whilst at the same time seeking to change the negative societal approaches."

Full text at: http://www.tcd.ie/childrensresearchcentre/pubpdfs/LGBT_Lives_web.pdf

MENTAL HEALTH SYSTEMS

"International Observatory on Mental Health Systems: A Mental Health Research and Development Network." By Harry Minas, University of Melbourne. IN: International Journal of Mental Health Systems, vol. 3, no. 2 (January 22, 2009) pp. 1-7.

["**Background:** While the mental health situation for most people in low and middle-income countries is unsatisfactory, there is a renewed commitment to focus attention on the mental health of populations and on the scaling up of mental health services that have the capacity to respond to mental health service needs. There is general agreement that scaling up activities must be evidence based and that the effectiveness of such activities must be evaluated. If these requirements are to be realised it will be essential to strengthen capacity in countries to conduct rigorous monitoring and evaluation of system development projects and to demonstrate sustained benefit to populations.
The Observatory: The International Observatory on Mental Health Systems (IOMHS) will build capacity to measure and to track mental health system performance in participating countries at national and sub-national (provincial and district) levels. The work of IOMHS will depend on the establishment of robust partnerships among the key stakeholder groups. The Observatory will build the capability of partner organisations and networks to provide evidence-based advice to policy makers, service planners and implementers, and will monitor the progress of mental health service scaling up activities.
Summary: The International Observatory on Mental Health Systems will be a mental health research and development network that will monitor and evaluate mental health system performance in low and middle-income countries."]

Full text at: http://www.ijmhs.com/content/pdf/1752-4458-3-2.pdf

POLICY AND PROCEDURES

"Assertive Community Treatment: Facilitators and Barriers to Implementation in Routine Mental Health Settings." By Anthony D. Mancini, Columbia University, and others. IN: Psychiatric Services, vol. 60, no. 2 (February 2009) pp. 189-195.

["This study identified barriers and facilitators to the high-fidelity implementation of assertive community treatment. *Methods:* As part of a multistate implementation project for evidence-based practices, training and consultation were provided to 13 newly implemented assertive community treatment teams in two states. Model fidelity was assessed at baseline and at six, 12, 18, and 24 months. Key informant interviews, surveys, and monthly on-site visits were used to monitor implementation processes related to barriers and facilitators. Licensing processes of the state mental health authority provided critical structural supports for implementation. These supports included a dedicated Medicaid billing structure, start-up funds, ongoing fidelity monitoring, training in the model, and technical assistance.

Higher-fidelity sites had effective administrative and program leadership, low staff turnover, sound personnel practices, and skilled staff, and they allocated sufficient resources in terms of staffing, office space, and cars. Lower-fidelity sites were associated with insufficient resources, prioritization of fiscal concerns in implementation, lack of change culture, poor morale, conflict among staff, and high staff turnover. In cross-state comparisons, the specific nature of fiscal policies, licensing processes, and technical assistance appeared to influence implementation.

State mental health authorities can play a critical role in assertive community treatment implementation but should carefully design billing mechanisms, promote technical assistance centers, link program requirements to fidelity models, and limit bureaucratic requirements. Successful implementation at the organizational level requires committed leadership, allocation of sufficient resources, and careful hiring procedures."]

Full text at: http://ps.psychiatryonline.org/cgi/reprint/60/2/189

"Implementing the Illness Management and Recovery Program in Community Mental Health Settings: Facilitators and Barriers." By Rob Whitley, Dartmouth Psychiatric Research Center, and others. IN: Psychiatric Services, vol. 60, no. 2 (February 2009) pp. 202-209.

["There is little research on how to effectively implement the illness management and recovery program for people with severe mental illness in community mental health settings. This study aimed to examine which factors promote or hinder successful implementation of illness management and recovery in these settings.

Twelve community mental health centers implemented illness management and recovery over a two-year period. They were supported in this endeavor by an implementation resource kit and regular meetings with a consultant trainer. Implementation efforts at each center were monitored by a supervised researcher (an implementation monitor) over the two years. This researcher conducted qualitative interviews with key informants every six months and conducted more frequent observations of routine activity in order to discern the implementation progress. These qualitative data were gathered into a database that was examined by the authors to discern key cross-site barriers to and facilitators of the implementation of illness management and recovery.

Through content analysis of the qualitative data, four broad cross-site themes emerged that appear to meaningfully determine success or failure of implementation. These were leadership, organizational culture, training, and staff and supervision. These overlapping themes worked synergistically to effect implementation. Implementation of illness management and recovery in community mental health settings is facilitated through strong leadership, an organizational culture that embraces innovation, effective training, and committed staff. Where these factors are lacking, strategies may need to be developed to effectively implement and sustain illness management and recovery."]

Full text at: http://ps.psychiatryonline.org/cgi/reprint/60/2/202

Nearly 6.4 Million Californians Lacked Health Insurance in 2007 – Recession Likely to Reverse Small Gains in Coverage. By E. Richard Brown and others, UCLA Center for Health Policy Research. UCLA Health Policy Research Brief. (The Center, Los Angeles, California) December 2008. 6 p.

["Nearly 6.4 million Californians were without any health insurance coverage for all or some of 2007 (Exhibit 1). This number represents 19.5% of all Californians under age 65, which is slightly lower than the uninsured rate of 20.2% in 2005.

The decrease in the rate of uninsurance was due to an increase in employment-based coverage throughout the year, which rose from 54.3% in 2005 to 55.6% in 2007 (Exhibit 1; data for 2005 not shown). This pattern is likely to be reversed by the recession of 2008."]

Full text at:
http://www.healthpolicy.ucla.edu/pubs/files/CAs_Lack_Insurance_PB_121508.pdf

SUICIDE PREVENTION

"The Emergence of Suicidal Ideation During the Post-Hospital Treatment of Depressed Patients." By Brandon A. Gaudiano, Brown University, and others. IN: Suicide & Life Threatening Behavior, vol. 38, no. 5 (October, 2008) pp. 539-551.

["There is a paucity of research on the emergence of suicidal ideation in recently hospitalized patients undergoing treatment for depression. As part of a larger clinical trial, patients (N = 103) with major depression without suicidal ideation at hospital discharge were followed for up to 6 months while receiving study-related outpatient treatments. Fifty-five percent reported the emergence of suicidal ideation during the outpatient period, with the vast majority (79%) exhibiting this problem within the first 2 months post-discharge. Seventy percent of those reporting severe suicidality prior to hospitalization exhibited a reemergence of suicidal ideation post-discharge. However, 29% without significant suicidality at the index hospitalization later developed suicidal ideation during the outpatient treatment period. A faster time to the emergence of suicidal ideation was predicted by both higher prehospitalization levels of suicidal ideation as well as greater depression severity at hospital discharge. Overall, rates of emergent suicidal ideation found in the current sample of recently hospitalized patients were higher than those reported in previous outpatient samples."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=35369866&site=ehost-live

"Familial Clustering of Suicidal Behavior and Psychopathology in Young Suicide Attempters." By Ellenor Mittendorf-Rutz, Karolinska Institutet, Sweden, and others. IN: Social Psychiatry and Psychiatric Epidemiology, vol. 43, no. 1 (January 2008-PubMed Online) pp. 28-36.

["Familial clustering of suicidal behaviour and psychopathology has been reported in young suicide attempters. Most of these studies were predominantly carried out in clinical treatment settings and lacked statistical power to assess the independent and modifying influences of own and familial psychopathology and suicidal behaviour….Early recognition and adequate treatment of individual mental illness contribute to prevent youth suicide attempts. Children of parents with psychopathology and suicidal behaviour should receive early support and attention. Evaluation of familial suicidal behaviour seems to be vital for suicide risk assessment in young psychiatric inpatients. There appears to be an independent effect of familial suicidal behaviour as well as familial psychopathology on youth suicide attempt beyond the transmission of mental illness."]

Full text at: http://www.springerlink.com/content/aq5q338624155273/fulltext.pdf

"Suicide Intervention Research: A Field in Desperate Need of Development." By Marsha M. Lineham, University of Washington, Seattle. IN: Suicide & Life Threatening Behavior, vol. 38, no. 5 (October 2008) pp. 483-485.

["The article presents an overview of the need for suicide prevention research which exists in 2008 and of research which has been conducted on suicide prevention. A discussion of the prevalence of suicide across the globe and of theories which have been developed in an effort to determine the risk factors that are associated with suicide is presented. Interventions that have been developed in an effort to prevent suicide are discussed and examined. A large increase in suicide and attempted suicides which has been across the globe is discussed."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=35369860&site=ehost-live

VETERANS AND MENTAL ILLNESS

"Initiation of Assertive Community Treatment among Veterans With Serious Mental Illness: Client and Program Factors." By John F. McCarthy, Department of Veteran's Affairs-Michigan, and others. IN: Psychiatric Services, vol. 60, no. 2 (February 2009) pp. 196-201.

[Ensuring equitable access to mental health services is a national priority. The authors examined assertive community treatment (ACT) services initiation in the Veterans Affairs (VA) health system among program-eligible patients. Most patients who were eligible for yet not already receiving VA ACT services went without these services in FY

2004. Geographic distance limited services initiation. Focused efforts are needed to enhance ACT services initiation and delivery, particularly for individuals in remote locations.]

Full text at: http://psychservices.psychiatryonline.org/cgi/reprint/60/2/196

NEWCONVENTIONS

A System of Care for Children's Mental Health: Expanding the Research Base

The 22nd Annual Research Conference will be held March 1-4, 2009, at the Tampa Marriott Waterside.

Registration and information at: http://rtckids.fmhi.usf.edu/rtcconference/default.cfm

Stimulus and Health Care: Where Will the Money Go?

Tuesday, February 24 at 5:30 p.m.
The California Endowment's Center for Healthy Communities
1000 N. Alameda St.
Los Angeles, CA 90012
An unprecedented amount of money will be pumped into the economy and health care will get a big boost. But where will that money go and can it actually improve access to quality health care for California's underserved communities?

Join us for the first Center Scene public program of 2009 as we explore what's in and what's left out of the $789 billion package. Our experts will tell us whether the money meant to improve the health of the economy can do the same for the most vulnerable Californians.

Registration and Information at: http://www.calendow.org/Article.aspx?id=2680